		FORT JACKSON						
	HAZARD	OUS CHEMICAL INVENTO	ORY FOR	RM				
Date:								
Organization:								
Bldg#:								
Bldg#: POC:								
Alternate POC:								
Phone:								
Email Address:								
NSN	Nomenclature	Mfg& Part Number Information	Container Size	MSDS Number	Beginning Inventory	Amount Used	Amount Purchased	Ending Inventory
					<u> </u>			